GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
Murshidabad Medical College & Hospital
Station Road,Berhampore,Murshidabad
(PH:03482-252332)

OPD Patient Card
PSYCHIATRY 179
Paid Rupees : 2
MSDM/RG2500599232

Name : CHOWDHURY RAJJAKUL ALAM	**Age :** 35 Yrs. 0 Months 0 Days	**Gender :** Male
Reg. No. : MSDM/RG2500599232	**Card No. :** MSDM/OR2500537992	**Reg. Date :** 09-06-2025
Visit No. : 1	**Visit Date :** 09-06-2025 11:59AM	**Day :** Monday
Token No. : 3564	**Department :** PSYCHIATRY	**Room No. :** 413,418

Doctor : Prof. Sayanti Ghosh/ Subhendu Sekhar Dhar/ Sujit Mondal/ Ayon Biswas/ Jaya Jaiswal

Health Id : **Health Id Number :**

Visit No : 2	Visit No : 3	Visit No : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor :	Doctor :	Doctor :
Token No :	Token No :	Token No :

Clinical Notes	Advice
ADR c/o - seizure d/o. from last 6-7 yrs. (durn of episode = 15-20 mins) Inv. MRI brain — Altered signal intensities b/L parahippocampal subcortical white matter as well as parieto occipital subcortical white matter ↓ demyelinating disease	→ Refer to clinical psychologist for evaluation at room NO 414. Sd/- 09/06/25 H/o GTCS ↓ was on Levetiracetam 1gm ↓ episodes of seizure d/o on Med. Plan:- ↑ Dose upto Maximum (≈ 3000mg) Monitor S/E & Response. Rx 1) TAB ~~Levella~~ Lenipil (1.5) ½ — x — 1 2) TAB Clobazam (10mg) x — x — 1 Refer to Neuro Medicine for further Mx. SSKM

User Name : Najima Yeasmi

Our Name Is Our Promise

M.L. JAIN DIAGNOCARE

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Patient Name	: Mr. CHOWHDURY RAJJAKUL ALAM	V.Id	: 012302080345
Age/Sex	: 31 Y/Male	Pt.Id	: 012302080345
Address	:	Billing DATE	: 08/Feb/2023 10:09 AM
Referred BY	: Dr. MANPREET SINGH BANGA	Report DATE	: 12/Feb/2023 10:37 AM

MRI OF BRAIN

Protocol: Axial : DWI, ADC, T1WI, T2WI, FLAIR, SWAN, GRE sequences, Cor & Sag T2-WI sequences are taken.

OBSERVATION:

Brain parenchyma:

- ***Very subtle hyperintensity at bilateral parahippocampal subcortical white matters, noted only on thin section double inversion recovery sequences. However the hippocampus, mammillary body & Fornix appear unremarkable. Multiple punctate T2/FLAIR hyperintensities are also noted at bilateral fronto-parieto-occipital subcortical white matter.***
- *The cerebral sulci and gyri show normal morphology and bilateral symmetry. No focal mass, oedema or midline shift noted.*
- *Bilateral basal ganglia, thalami & internal capsules reveal normal morphology & signal intensity.*
- *Cerebellar hemispheres, vermis and peduncles are normal in morphology & signal intensity.*
- *Medulla, pons & midbrain reveal normal morphology and signal intensity.*
- *Structures of CP angles including both internal auditory canals and the 7th & 8th nerve complexes appear normal.*

Extra-axial CSF spaces and cisterns:

- *Cerebral extra-axial spaces reveal CSF signal intensity only.*
- *Basal subarachnoid cisterns, suprasellar cistern & bilateral sylvian fissures appear normal.*

Ventricular system:

- *Supra & infratentorial ventricular systems appear normal in size, shape, position & contour.*

Sella and suprasellar region:

- *Pituitary gland, sella, parasellar region and optic chiasm reveal normal morphology and signal intensity.*
- *Major intracranial arteries & venous sinuses reveal normal flow void pattern.*

Bony structures:

- *Visualised portion of cranio-vertebral (CV) junction appears normal.*
- *The orbits and their contents appear normal.*
- *Calvaria & structures of skull base appear normal, as far as visualized.*
- *Paranasal sinuses and bilateral mastoids are normal.*

IMPRESSION:

- ***Altered signal intensities at bilateral parahippocampal subcortical white matter as well as bilateral fronto parietooccipital subcortical white matter as described. -- ? Demyelinating disease.***

Suggested clinical correlation

*** End of Report ***

Debayan Dasgupta

Dr. Debayan Dasgupta
MD [Radio-Diagnosis]
Consultant Radiologist

Created By : Debayan das gupta

Checked By